

BUSINESS RETURN OF TANGIBLE PERSONAL PROPERTY AND MACHINERY AND TOOLS

Fairfax County Department of Tax Administration, 12000 Government Center Parkway, Suite 223, Fairfax VA 22035

Phone: 703-222-8234 Fax: 703-324-3500 or 703-324-3505 Web Site: www.fairfaxcounty.gov/dta

2015

Property reported on this form is not proratable.

FILE BY MAY 1, 2015 (See brochure for instructions)

PLEASE ENTER INFORMATION BELOW:

OWNER NAME

TRADE NAME

MAILING ADDRESS

UNIT/SUITE #

CITY STATE

ZIP

DATE BUSINESS BEGAN
IN FAIRFAX COUNTY

NAICS CODE

DATE BUSINESS ENDED
IN FAIRFAX COUNTY

FEDERAL I.D./EMPLOYER ID#

FOR OFFICE USE ONLY

DATE RECEIVED

ACCOUNT NUMBER

CD/
DISK

PP

LIC

BDB

IF PRINTED INFORMATION ON THIS FORM IS INCORRECT OR INCOMPLETE, PLEASE UPDATE

BUSINESS LOCATION

ON JANUARY 1, 2015

ST NO.

ST. NAME

UNIT/SUITE #

CITY/STATE

ZIP

SCHEDULE 1

Report the total original cost by year of all personal property (except computer equipment listed in Schedule 2) owned and located in Fairfax County on January 1, 2015. **Attach a detailed asset list.**

PROPERTY NUMBER

YEAR PURCHASED	PROPERTY COST REPORTED IN 2014	PROPERTY COST BY YEAR OF PURCHASE		TOTAL COST		VALUE
		DISPOSED	ACQUIRED			
2014	DO NOT ALTER THIS COLUMN				80%	
2013					70%	
2012					60%	
2011					50%	
2010					40%	
2009					30%	
2008 & prior					20%	

SCHEDULE 2

Report the total original cost by year of all computer equipment owned and located in Fairfax County on January 1, 2015. **Attach a detailed asset list.**

PROPERTY NUMBER

YEAR PURCHASED	COMPUTER EQUIPMENT COST REPORTED IN 2014	COMPUTER COST BY YEAR OF PURCHASE		TOTAL COST		VALUE
		DISPOSED	ACQUIRED			
2014	DO NOT ALTER THIS COLUMN				50%	
2013					35%	
2012					20%	
2011					10%	
2010 & prior					2%	

Schedule 3: Leased Tangible Property: List below all operating leases for personal property leased or rented from others. Capitalized leases are to be reported on Schedule 1 or Schedule 2 depending on type of property. A copy of the lease agreement may be furnished in lieu of the listing. Attach a separate sheet if more space is needed. Please include Lessee's phone number in Address section below.

Name/Address/Phone of Owner	Start/End Dates	Description of Property	Original Cost	Purchase Option
				<input type="checkbox"/> Bargain (e.g., \$1) buyout <input type="checkbox"/> Fair Market Value, other
				<input type="checkbox"/> Bargain (e.g., \$1) buyout <input type="checkbox"/> Fair Market Value, other

It is a Class 1 misdemeanor for any person to willfully subscribe a return that he does not believe to be true and correct as to every material matter (Code of Va Sec. 58.1-11). Declaration: I declare that the statement and figures herein given are true, full and correct to the best of my knowledge and belief.

TAXPAYER'S SIGNATURE

TELEPHONE NO.

PLEASE PRINT NAME

FAX NO.

DATE

EMAIL

FAX

MAIL

OFFICE